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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

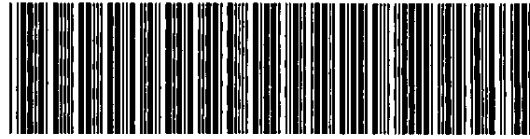
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VANDERLINDE PHYSICAL THERAPY, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RALPH VANDERLINDE

Name of Person

VANDERLINDE PHYSICAL THERAPY

Firm/Company

9070 KIMBERLY BLVD , SUITE 24

Address

BOCA RATON, FL 33434

City/State and Zip Code

VDLPT9050@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RALPH VANDERLINDE at (561) 482-6900

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

